Call for papers for the special issue "Deinstitutionalisation… that word!"

Journal *Socialno delo* (ISSN 0352-7956) is a scientific journal published by Faculty of Social Work, University of Ljubljana.

The editor of *Socialno delo* invite submission of papers for this Special Issue to be guest-edited by Dr Mojca Urek and Juš Škraban (Faculty of Social Work, University of Ljubljana).

The special issue is aimed to be an echo of the international conference "Deinstitutionalisation… that word!", held in the town of Lipica in June 2023 (https://www.entermentalhealth.net/conference-2023-ljubljana-1). However, contributions of authors who did not attend the conference will be also considered for publication.

Guidelines for submission and deadlines:

Contributions can be scientific or professional papers according to *Socialno delo* guidelines (https://www.revija-socialnodelo.si/en/instructions/submission/). Scientific papers will be prioritised.

For this special issue, we welcome manuscripts in English and Slovene.

Abstracts should be submitted by 10th January 2024 to both guest editors (mojca.urek@fsd.uni-lj.si and jus.skraban@fsd.uni-lj.si).

Full manuscripts should be submitted to socialno.delo@fsd.uni-lj.si at the latest by 10th May 2024 to begin the review process.

The special issue will be published in December 2024.

Contributions to this special issue may address, but are not limited to, the following themes:

1. "Only life, nothing else": from housing to full citizenship.

Establishing the conditions for independent living of people with disabilities does not only imply providing excellent personal assistance services, personalised support and accessible housing for all, but also finding ways to escape the custodial authority of either institutions or community structures. The aim of this theme is to identify best practices that create the conditions for transitioning from institutions to the community, employment supports that enable the transition from service recipient to colleague, and those best practices that support a person in escaping the world of diagnosis and errors into a world where recovery is possible. How to move from the status of a 'patient' and resident of care institution to the status of a full citizen?

2. Challenges and contradictions of transition from institutional to community-based care.

This theme will critically reflect on the challenges and contradictions that usually accompany the deinstitutionalisation processes, such as the phenomena of trans-institutionalisation and re-institutionalisation (taking place in spite of clear demands from the EU and international bodies), isolation and loneliness of people living in the community, institutional culture in the community settings, fragmentation of services, and others. We will welcome valuable national and international experiences of deinstitutionalisation and, in particular, transformative ideas from the systemic to the service and individual levels on how to overcome these challenges and transform them into inclusive and human rights-based practices.

3. <u>Moving away from coercive interventions towards human rights-based practice.</u>

In the past decades, there have emerged increasing concerns about coercive practices, such as manual, physical, and chemical restraint and seclusion. This theme explores the issues that have been challenging in various fields, including care of the older person, people with intellectual disabilities, and people with mental health problems amongst others. Dwelling on ethical imperatives is not sufficient, there is an urgent need to reduce and finally abolish these practices and support human rights. Some of current initiatives in this direction are associated with deinstitutionalisation, some not. However, there is a need of finding solutions on different levels: namely, the one of methods, approaches, organisational changes, changes in organisational culture and policy. At the conference, we will seek to explore what has been achieved so far and what are the necessary further steps. Various approaches such as trauma-informed care and others, will be explored to analyse how people can recover from the long-term experiences of coercive practices.

4. <u>"Being a neighbour and co-citizen": Working with communities and neighbourhoods towards destigmatisation.</u>

As mentioned earlier, even after resettlement to the local environment, people often remain marginalised, stigmatised, isolated, and surrounded only by other fellow residents with disabilities and staff. Local residents often oppose and resist the resettlement of people with various disabilities to their neighbourhoods. The relevant question in deinstitutionalisation is how to bridge the barriers that separate those who are labelled "mad" from those who appear "normal". How to connect with local communities? What are the best practises and methods for resolving situations that arise in neighbourhoods (e.g., outreach work)? How to respond to discrimination and how to conduct anti-stigma campaigns? How to talk about this ... "complicated word" in simple terms?

5. <u>Peer support as an inevitable component of deinstitutionalisation.</u>

User-led initiatives have always been and still are inevitably associated with deinstitutionalisation, but their role is often neglected. Yet, user-led, participatory, and advocacy practices are the most valuable and indispensable companions of deinstitutionalisation processes, and they represent the most dynamic, insightful,

innovative, and experience-based projects of deinstitutionalisation (user-led crisis centres, peer support, peer advocacy, anti-stigma campaigns and other ways of overcoming barriers within communities, user-led and participatory research practices, and others). Moreover, without simultaneous strengthening of the user perspective and initiatives, deinstitutionalisation cannot really be fully achieved, the changes remain only technical, and they inevitably lead to the reproduction of the institutional culture and the culture of dependence. Concepts such as peer support and peer advocacy highlighted people's own agency in their lives and their own definitions of support. User-led initiatives too often struggle, constrained by inadequate funding and status, and the devaluation of the user knowledge by the mainstream mental health system. This subtheme calls for contributions from people with experience/user associations/initiatives to share their experiences, achievements, research findings, own autonomous practices and/or ways of collaborating with the mainstream mental health system and academia while keeping their autonomy. The theme is also seen as an opportunity to discuss how peer work, based on the principles of hope, reciprocity, equity, and inclusion, can be strengthened to gain greater recognition and remuneration.

6. <u>At the intersection of multiple risks and opportunities: a demand for complex, inclusive and integrated care.</u>

The life stories of people with long-term mental health problems are complex, and their needs are often overlooked, usually due to a lack of diverse, intensive, inclusive, and integrated community support and a lack of addressing the real social causes of their mental health problems. This subtheme involves several points that we would like to highlight: it is about addressing multiple discriminations and inequalities in mental health, and second, we would like to highlight the need for an intersectional perspective. People with long-term mental health problems are among the poorest and most socially excluded European citizens. Research also shows that they die earlier than others, mostly from somatic diseases that are the result of inequality, discrimination, and poorer access to health care. An intersectional perspective highlights the diversity, complexity, and specificity of life contexts. People with long-term mental health problems are maybe addicted to alcohol or drugs (dual diagnosis), homeless, parents and caregivers, old people who face age-related barriers in addition to mental health problems, LGBT+, migrants, victims of violence, have other disabilities, and others. These contexts can involve a greater risk of institutionalisation and exclusion, but they can also be a source of resilience and better opportunities.

We look forward very much to receiving your contribution. If you have any queries, please email guest editors (mojca.urek@fsd.uni-lj.si and jus.skraban@fsd.uni-lj.si) or *Socialno delo* editorial office at socialno.delo@fsd.uni-lj.si and we will be happy to address them.